

SECTION A Provider/Program Information

1. County Name:

2. Provider Name:

3. Contact Person:

4. Today’s Date:

5. Provider ID No.:

6. Telephone No.: ()

7. Strategy Status: ☐ Existing Services
☐ New Services

SECTION B Service Populations

Please check (§) all boxes that apply. Asterisks (*) denote high-risk categories.

☐ (a) Business and Industry

☐ (b) Children of Substance Abusers *

☐ (c) Civic Groups/Coalitions

☐ (d) College Students

☐ (e) Delinquent/Violent Youth *

☐ (f) Economically Disadvantaged *

☐ (g) Elementary School Students

☐ (h) Employee Groups/Unions

☐ (i) Fire Professionals

☐ (j) Gangs

☐ (k) General Population

☐ (l) Government/Elected Officials

☐ (m) Health Professionals

☐ (n) High School Students

☐ (o) HIV Infected Persons

☐ (p) Homeowners Associations

☐ (q) IV Drug Users

☐ (r) Law Enforcement/Military

☐ (s) Lesbian/Gay/Bisexual/Transgender

☐ (t) Local Municipal Agencies

☐ (u) Middle/Jr High School Students

☐ (v) Neighborhood Associations

☐ (w) Older Adults

☐ (x) Parents/Families

☐ (y) People With Mental Health Problems *

☐ (z) Persons Using Substances *

☐ (aa) Persons With Physical Disabilities *

☐ (bb) Physical/Emotional Abuse Victims *

☐ (cc) Pregnant Women/Teens *

☐ (dd) Preschool Students

☐ (ee) Prevention/Treatment Professionals

☐ (ff) Professional/Trade Associations

☐ (gg) Religious Groups

☐ (hh) Retailers

☐ (ii) Runaway/Homeless Youth *

☐ (jj) School Dropouts *

☐ (kk) Social Service Providers

☐ (ll) Teachers/Administrators/Counselors

☐ (mm)Voluntary/Fraternal Community Service

☐ (nn) Women and Children

☐ (oo) Youth/Minors

☐ (pp) Other (specify)

| SECTION C | | Service Delivered | | Determine the single most appropriate service description for each activity; for each service delivered, complete the entire row. Enter the number of times the service was provided in the “Frequency” column; enter the number of persons served in the “Number Served” column. These entries must be numeric. Enter A or E in the “Actual/Estimated” column. For C2, C3 and C4, enter in the demographic breakdown; the “Totals” should match the “Number Served.” | | | | | | | | | | | | | | | | | | | | | | |
|--|-----------|-------------------|--------------------|---|----------------------------------|-------------------------|----------------------------------|-------------------------|---------------------------------|-----------|---------|-------|-------------|-----------|-------------|-------------|-------------|-------------|-------------|-------------|-------|-----------|------------|-----------|-------|--|
| C1 Services Requiring Demographics | Frequency | Number Served | A=Actual E=Est. | C2 Race/Ethnicity | | | | | | | | | C3 Age | | | | | | | | | C4 Gender | | | | |
| | | | | (a) White, Not Hispanic | (b) Asian or Pacific Islander | (c) Hispanic/ Latino | (d) Native Am./ Alaska Native | (e) African American | (f) Multiracial/ Multiethnic | (g) Other | Specify | TOTAL | (a) Under 5 | (b) 5 - 9 | (c) 10 - 12 | (d) 13 - 15 | (e) 16 - 18 | (f) 19 - 25 | (g) 26 - 55 | (h) Over 55 | TOTAL | (a) Male | (b) Female | (c) Other | TOTAL | |
| (a) ATOD-Free Social/ Recreational Events | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (b) Community Drop-In Centers Operating | | N/A | | | | | | | | | | | | | | | | | | | | | | | | |
| (c) Community Drop-In Center Activities | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (d) Community Service Activities | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (e) Friday Night Live (FNL) Club Live/FNL Kids | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (f) Outward Bound | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (g) Recreational Activities | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (h) Youth/Adult Leadership Activities (Incl. Mentoring) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (i) Other (specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |

SECTION D
Where Services Occurred

Please check (§) all that apply.

☐ (a) Alternative Schools

☐ (b) Community At Large

☐ (c) Community Center

☐ (d) Criminal Justice System

☐ (e) Faith Center

☐ (f) Health Center/Clinic

☐ (g) Hospital

☐ (h) Parks/Recreation

☐ (i) Public Housing

☐ (j) Residential Treatment

☐ (k) School

☐ (l) Street Outreach

☐ (m) Transitional Housing

☐ (n) Treatment Facility

☐ (o) University/College

☐ (p) Work Place

☐ (q) Youth Clubs/Center

☐ (r) Other (specify)